



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
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Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
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May 1, 2012

Mr. Eric Fritz, Administrator  
Woodstock Terrace  
456 Woodstock Road  
Woodstock, VT 05091

Provider #: 1005

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 27, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



APR 27 2012

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/27/2012
NAME OF PROVIDER OR SUPPLIER  WOODSTOCK TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments:  An unannounced on-site state re-licensure survey and complaint investigation were conducted and completed between the dates of 3/26/12 - 3/27/12 by the Division of Licensing & Protection. There were no regulatory violations related to the two complaints. Following are the regulatory violations related to the state re-licensure survey.	R100	A145  A new care plan has been developed and is in place for Resident #1 that addresses the special needs and choices of resident with regards to hospice services.		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a care plan for 1 resident in the sample (Resident #1) who was admitted to the Hospice program (on 9/1/11) and who was receiving Hospice services provided by a local home health agency. Findings include:  Per record review on 3/27/12, Resident #1 who was admitted to the Hospice Program on 9/1/11 had no service plan (the facility's plan of care) which showed evidence that the resident was receiving Hospice services including oversight of his/her pain management program, use of agency staff (hospice aide) and the availability of other hospice services such as a social worker and a spiritual counselor. On 3/27/12 at 1 P.M. the Health Services Director and the VP of	R145	The Health Services Director has audited all other residents currently receiving Hospice services to assure that a current hospice care plan is in place and being followed.  The Health Services Director will assure that a hospice care plan is in place on any new residents placed on hospice services moving forward.  The Vice President of Clinical Services will conduct periodic audits for residents receiving hospice services to assure that hospice care plans are current and complete.  R145, R151, R178 + AG07 POC's Accepted 4/26/12 D. Chittenden RN / Pmestarn	4/29/2012	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

18YS11

EXECUTIVE DIRECTOR

TITLE

(X6) DATE

4/25/12

If continuation sheet 1 of 4

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R145	Continued From page 1  Clinical confirmed that there was no facility service plan that addressed this.	R145	R151		
R151 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (8)  Ensure that the resident's record documents any changes in a resident's condition;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, there was no documentation in the record for one resident in the sample (Resident # 1) between the facility and the agency providing hospice services which showed evidence of coordination of care between the two, including documentation of changes in the resident's condition. Findings include:  Per record review on 3/27/12, Resident #1, who was admitted to the Hospice Program on 9/1/11, had no documentation that facility staff and the agency providing hospice services had coordinated the resident's care by documenting this coordination and by documenting changes in the resident's condition. On 3/27/12 at 1 P.M. the Health Services Director and the VP of Clinical confirmed that there was no documentation that showed evidence of care coordination between the facility and hospice agency which included changes in the resident's condition.	R151	Resident #1's medical record now contains documentation reflecting the coordination of services between the facility and the agency providing hospice services as well as any changes in the resident's condition.  The Health Services Director has audited all other residents currently receiving hospice services to assure that their medical records now contain documentation reflecting the coordination of services between the facility and the agency providing hospice services as well as any changes in the residents' conditions.  The Health Services Director will assure that there is documentation of the coordination of services and changes in condition moving forward.  The Vice President of Clinical Services will conduct periodic audits for residents receiving hospice services to assure that		
R178 SS=D	V. RESIDENT CARE AND HOME SERVICES	R178			

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R178	Continued From page 2  5.11 Staff Services  5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, 1 staff member (Staff Member #1) failed to maintain a safe and healthy environment during a medication pass. Findings include:  Per observation of a medication pass by a staff nurse on 3/26/12 at 2:00 P.M. the nurse, having poured medications for multiple residents, began the medication pass without the benefit of carrying the residents medications on a medication tray. Per observation, the nurse entered the first resident's room to administer their medication while placing several other residents medications (a medication cup and a box with eye drops) on their kitchen counter. In the next residents room, s/he placed these same medications on that resident's kitchen table when s/he was administering their medications. On 3/26/12 at 3 P.M. Staff Member # 1 confirmed that the above practice was an infection control issue, as did the Health Services Coordinator when s/he was interviewed at 3:15 P.M.	R178	there is documentation of the coordination of services and changes in condition moving forward.  The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.		4/29/2012
A 607 SS=D	VI Resident Care and Services  6.7 Care Plans  The licensee, the resident and/or the resident's legal representative shall work together to	A 607	R178  The staff nurse in question has been retrained regarding proper infection control procedures during a medication pass and the residents affected have been monitored for any signs and symptoms of infection.  The Health Services Director has retrained all other nursing staff regarding proper infection control procedures during a medication passes.  The Health Services Director and the Vice President of Clinical Services will conduct periodic audits of medication passes to assure that proper infection control techniques are being followed.		

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A 607	<p>Continued From page 3</p> <p>develop and maintain a written resident care plan for those residents who require or receive care. The care plan shall describe the assessed needs and choices of the resident and shall support the resident's dignity, privacy, choice, individuality, and independence. The licensee shall review the plan at least annually, and whenever the resident's condition or circumstances warrant a review, including whenever a resident's decision, behavior or action places the resident or others at risk of harm or the resident is incapable of engaging in a negotiated risk agreement.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interviews, the facility failed to develop a service plan (the facility's care plan) for 1 resident in the sample (Resident # 1) who was admitted to the Hospice program (on 9/1/11) and who was receiving Hospice services provided by a local home health agency. Findings include:</p> <p>Per record review on 3/27/12 Resident # 1 who was admitted to the Hospice Program on 9/1/11 had no service plan (the facility's plan of care) which showed evidence that the resident was receiving Hospice services, including oversight of his/her pain management program, use of agency staff (hospice aide) and the availability of other hospice services such as a social worker and a spiritual counselor. On 3/27/12 at 1 P.M. the Health Services Director and the VP of Clinical confirmed that there was no facility service plan that addressed this.</p>	A 607	<p>The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.</p> <p>A607</p> <p>A new care plan has been developed and is in place for Resident #1 that addresses the special needs and choices of resident with regards to hospice services.</p> <p>The Health Services Director has audited all other residents currently receiving hospice services to assure that a current hospice care plan is in place and being followed.</p> <p>The Health Services Director will assure that a hospice care plan is in place on any new residents placed on hospice services moving forward.</p> <p>The Vice President of Clinical Services will conduct periodic audits for residents receiving hospice services to assure that hospice care plans are current and complete.</p> <p>The Executive Director will report the results of those audits to the Quality Assurance Committee on a quarterly basis.</p>		<p>4/29/2012</p> <p>4/29/2012</p>